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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

By Samuel W. Francis, A.M., M.D.,
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(*Continued from page* 375.)

Like certain educational tastes, in life, the sense of smell may be trained to linger with pleasure over odors at once repulsive to the uninitiated, and disgusting to the man of inexperience. By some, the "fumet" of various kinds of game, is esteemed a recommendation to the longing palate; and, in time, the student of anatomy forgets the odor of the subject, while lost in wonder and amazement at the intricate and marvellous structure of the human form.

Alexander Von Humboldt declares that, in South America, when the shades of evening have shut out the view of all surrounding objects, and the traveller is compelled to listen for the stealthy tread of any enemy, the Peruvian Indians, by snuffing up the wafted breeze, pronounce with judgment and correctness the vicinity of Europeans, Negroes, or the muffled step of the American savage.

With regard to the sense of hearing, there is much of the deepest interest as respects the anatomy of the parts and the beauty of relation. Hearing, that surpassing recorder of the vibratory motion of sound, as produced on the air, at first presents merely mechanical paradoxes, transmitted by means of the auditory nerves, the result of the combined action of tympanum, ossicula, and fenestræ; but, on closer inspection, we find within the narrow confines of a hidden chamber, a clear liquid, small in quantity, but nevertheless secreted for a specific purpose. As it is evidently easier to hear the human voice, or the peal of a bell, in rainy weather, and as the finny tribe almost instantaneously recognize the presence of some sound, conveyed through the medium, water, we readily appreciate its marked utility and consequent necessity, as connected with the simple and elaborate laws of acoustics. Stop this secretion by sickness, or other abnormal means, and at once the sense of hearing is diminished as effectually as when the tympanum is thickened by disease; and audition, ere long, becomes a crippled representative of what was once surpassing strange and beautiful. Müller, by careful experiments, has clearly shown, that in order to transmit the vibrations of the air to the mind, the tympanum must act directly and indirectly on the all-important *fluid* of the labyrinth, which is nearly entirely water; and this is, likewise, clearly indicated by the scientific remarks of Eduard Weber, (1846,) who maintains that the membrane of the fenestra rotunda may be pressed towards the tympanum by means of the influence of the fluid of the labyrinth. M. Savart discovered, after much labor, that when the membrana tympani was dry, in the vicinity of a loud noise, hearing was by no means as acute or distinct. Dr. Wollaston maintains, moreover, that by increasing the tension of this membrane "grave sounds" are lost. Hence we cannot fail to appreciate to the fullest extent, the indispensable advantages derived from both the endolymph and peri-lymph, which bathe the surfaces of the delicate membrane of the labyrinth. Though, according to Mr. Dugès, the *pitch* of voice is recorded by the cochlea, a knowledge of that fact is dependant on the fluid of the labyrinth, which is as necessary as the tubular ligament, discovered by Mr. Toynbee,* which has for its function the duty of keeping the membrani tympani in a state of moderate tension.

Taste, the guardian of the animal, the luxury

*Philosophical Transactions, 1851.

of the epicure, is due to the lingual branch of the fifth pair, and the careful sentinelship of the glosso-pharyngeal. The papillary surface, also, conduces much in conveying the sense of the presence of a "sapid substance." The distribution of these "gustatory nerves" plays so superficially around the tongue, that the knowledge of what is touched, is almost imperceptibly conveyed. No art is more carefully carried to the most boundless finess of perception than that of "tasting;" seldom does any whim or poetic fancy, cost as much as do the endless endeavors of a chéf to kill sad thoughts and inspire a glow of satisfaction; the result of repletion.

Not only are the various kinds and qualities of a dish appreciated by the "good liver" to the fullest extent, or the seasoning of a rare morsel, but the respective ages of the same vintage can, with subtle truth be stated, though the man of rare experience but sips the delicate wine.

Now, when fever, resulting from excessive thirst, parches the surface of the tongue; when the epithelial scales are cast off and moisture has departed from this, often pampered organ, and its twin brother, the palate, suffers similar distress, the sense of taste is lost. Food may be eaten; the palate may with difficulty perform its functions, but not until the sub-maxillary, sub-lingual and parotid glands, together with the buccal mucous, secrete sufficient saliva to moisten the roughened coat, can taste be restored, and a knowledge of what is eaten be experiencod, affording instant relief to the sufferer and furnishing abundant pleasure, combined with salutary satisfaction.

If the calyciform, fungiform, and filiform* papillæ, be not moistened by some liquid, that of necessity contains water to a more or less extent, the sensation of distinguishing taste is lost, and their "polarity is not excited by the direct agency of the sapid matter itself." Henle and Dr. Baly have illustrated, by original experiments, that the presence of a current of air or a sudden "tap" on the surface of the tongue, will produce a sensation of taste; but this does not interfere with the acknowledged opinion of many physiologists, that without a certain amount of fluid, the sense of taste becomes deficient, and the power of deriving pleasure from the most palatable condiments is, in due time, wanting. T. Wharton Jones, Kiernan, Carpenter, and Dr. Waller,* have made the anatomy of the tongue and the distribution of the nerves their study. Though they differ as to the "free truncated extremities" of the nerves of the fungiform papillæ, a similarity of opinion, relative to this fact, is the result of their lucid convictions.

Dr. Holland, in his important work,† goes so far as to assert, that "in the majority of instances of actual illness, provided the real feelings of the patient can be safely ascertained, his desires as to food and drink may be safely complied with—whether much drink or little; whether things warm or cold; whether sweet, acid, or saline." The quaint and curious Beer, (1748,) gives it, as his opinion, that water is "the most natural, most perfect, and sure medicament that can be found." Kruger, (1795) of Halle, goes so far as to esteem it as a "universal means," and Borner, though not free from the influences of surrounding opinions, entertains an equally devotional feeling towards its remedial agency in dispelling fevers, lowering the temperature of the body and affording relief from countless sufferings.‡ The tongue, so intimately connected with pleasurable experiences, though the source of much utility and the guide to comfort, at times when made the seat of inflammation, from its very vascularity, assumes a form of aggravated symptoms that astound the practising physician, and bid defiance to the palliating treatment of the most experienced anatomist.§

There are on record few cases of cure after this "sudden enlargement" has taken place.‖ When death stares the medical attendant in the face and he feels the inutility of therapeutics while the "fond friend" of many years is gradually wasting—and his eyes fade from their former lustre, truly does he mourn to-day, and from his heart exclaims:

"Chi ha la sanità è ricco, e non lo sa!"

The sense of touch, though furthest from the seat of thought, transmits as rapidly reports of what exist in the experience of feeling. This delicate glove of the mind protects the person far more thoroughly than coats of mail and plates of steel in olden times, when death became a virtue, and existence but the means of forming wrinkles, the real scars of thought. Among the many proofs of the exquisite ex-

* Todd & Bowman, xxxix, Am. Ed.

* Phil. Trans.

† Medical Notes and Reflections.

‡ Medicus Sui Ipsius, 1770.

§ Mr. Lyford, of Winches er, Lancet, 1828, p. 16.

‖ Taynton and Collin's Med. Gaz., vol. xxii.

tent to which this sense may be cultivated by close application and a careful, regular devotion to its calls, the blind basket-maker, by a certain innate consciousness, detects the simple color with which to commence his labors; and, as he advances in his work, selects the variagated tints for beautifying the exterior.

To the surgeon in his daily rounds of duty and administering kindness, of what vast importance is "palpation!" The "feel" of growths, abnormal in their character, often renders plain what vision failed to recognize. The "tactus eruditus" of old, cannot be purchased by the "parvennus" in practice, nor can father leave it in his "will." But oh! the many days of weary treadings in the path of duty, ere the optic nerve, in answer to the calls of just experience, sends forth, in metaphor, a branch to overlook the workings of the digital extremities.

This sense has been called by one of clearest, smoothest and most fascinating* writers on comparative anatomy, "the most important of all; since through it alone some animals possess the consciousness of existence; and to those which enjoy many organs of sense, that of touch is necessary to the full development of the powers of all the other organs." The nerves are not materially affected by the roughness of the cuticle, which is quite thickened under action or attrition with hard substances, but, as Bell beautifully terms it, a veil wraps the parts up carefully and sensation is thereby only dulled. In order to solve the mystery and ascertain the cause and origin of touch and feeling, it becomes our business to investigate with care the minute anatomy of the nerve tissues and seek to discover of what that electrical conductor of all sensations is formed, and to what it must owe much of its invaluable characteristics. We find, upon examination, that the nerve fibre is made up of three coats, each, as it were, distinct in its constitution, yet forming a homogeneous structure peculiar to itself, easily deranged, and more delicate than a ray of light; for it generates thought, and at one bound leaps into the distant confines of a foreign land, while the imagination looks on with a pleased indifference, and fails not in her answer to the poet's call. This subtle element by far exceeds the powers of mechanical philosophy, for the agent WILL controls rebelling nations; rules the wayward passions, emissaries from a baser world; directs the energetic mind and leads shrewd followers to humble duties and devoted zeal. While love, the gentlest attribute of purest beings, by a silk-like thread, demands nought too onerous to be obeyed, seeks nothing that is deemed extravagant! It was the attribute of perseverance that called forth from the Latin meditator:* nihil est quod non expugnet pertinax opera, et intenta ac diligens cura.

The indispensable utility of the "axile bodies," for the most delicate functions of the tactile papillæ has been enlarged upon by Wagner and Kölliker,† who maintain that it is by their agency that the most sensitive impressions are made cognizable. Prof. Weber, by a series of experiments, much praised by Dr. Graves, ascertained the amount of sensibility of every part of the exterior surface of the body, and it is to him we are indebted for much practical information relative to the knowledge of *resistance*, *space*, *form* and *extension*, and this, due, in a great measure, to the various temperatures‡ of the human organization.§ Investigations of a similar character, by M. H. Belfield-Lefèvre ("Recherches sur la Nature, la Distribution, et l'Organ du Sens Tactile,") resulted in a like determination as to the effect of temperature and a variety of intensity of sensation.

When the fact is taken into consideration that in one hundred parts of brain-matter, from 80 to 84 per cent. are water, we cannot fail to see how vast an amount of this "chemico-vital" operator must, of necessity, enter in the minute structure of the "axis-cylinder" of Rosenthal and Purkinje; the "primitive band of Remak." Nor can the white substance of Schwann deny the power of its wonderful mobility and flexibility to be due to this accommodating fluid.

Will, Hannover, Ehrenberg, and many others,‖ in treating of the peculiarly delicate disposition of the useful fasciculi, do not deny that much of the capability of the terminal plexuses would be deficient, were this excessive mobility of particles, due to water, absent. Mr. Rainey does not neglect to ascribe the topological arrangement of the nerve-fibres of the arachnoid membrane to a similar classification of the identical provisions of nature mentioned by Bourgery and Pappenheim with regard to the *serous* membranes.

* Bell on the Hand, p. 199. London Ed.

* Seneca.

† "Mikroskopische Anatomie," band. ii.

‡ "Müller's Archiv."

§ "De Pulsu, Respiratione, Auditu, et Tactu."

‖ See Canstatt's "Jahres-bericht."

As an additional proof of the dependance of the nerves on water for movement or sensibility, I quote the following: "It is remarkable that there are many Plants and even Animals, which can be reduced to a state of complete inactivity by the *dessication* of their tissues, without the absolute loss of their vitality; the usual condition of their bodies being recovered, and their vital powers being restored, when they have been allowed to imbibe an adequate supply of WATER."* Such a statement from so eminent a writer must be conclusive.

Were it not that the watery portions of the fluid, secreted by the sudoriporous glands, evaporated as soon as they reach the surface of the skin, it would become necessary for the man of cleanly habits to change his linen many times throughout the day. This oily fluid, which is forced out from the body, partakes much of the consistency of the "vernix caseosa" of J. Davy. By direct investigation, Krause analysed a few drops from the palm of the hand, and found, by testing, much acidity, oil, and margarine contained in water. It would be superfluous, were the careful experiments of Berzelius, concerning sweat from the forehead, and the minute manipulations of Anselmino relative to the exhalations of the arm, to be enumerated. The main point is contained in the following sentence, which bears directly upon the present subject: that without the agency of water, whose capabilities of holding so many foul and "used up" secretions in solution, is marvellous, life must cease its functions and congestion terminate existence.

Dr. Zimmerman discovered what at first seems peculiarly singular to the practical mind. The result of bleeding many dogs to death, closely demonstrated the fact that, in the last quantity taken from the animals, in 1,000 parts of blood there was an increase of some 13 more parts of water. Polli, whose active mind led him to draw conclusive deductions, is of the opinion that this is due to the rapid absorption of the serous fluid which is contained in all the tissues. This opinion, no doubt, will be found in the writings of Denis and Mulder, Simon and Liebig.

Of what possible utility would be a limb destitute of joints? and in what manner could joints, which unite the extremities of two bones, resist the destructive effects of forcible friction and constant attrition, were it not for bursæ mucosæ which contain a lubricating fluid, superior to the most delicate watch-oil, more lasting than any liquid elsewhere secreted in the animal economy? The power of locomotion is due, in no small degree, to the adaptable lubrication of the synovial fringes,* so different in viscidity and density from any other fluid contained in a serous sac. The secretion of this fluid is due to the permeability of water, which, according to Selmidt and Lehmann,† is permitted to pass through the diminutive pores of this smooth surface, holding the salts in solution, but albumen is reserved for future use and economy of strength. Deprive the synovia, so highly extolled by Robinson and Valentin, of water, and you clog the machinery with a thick fat which grates on motion and causes agony while in repose.

Milk, the universal agent, in all countries where an infant babe is born, for sustaining life and forming muscle, blood, nerve fibres, bone, and all else of the human structure, contains so much water that it is a curious study to follow out the concientious statements of the learned Simon:—In one thousand parts

Water, - - - - - - -	883.6
Butter, - - - - - - -	25.3
Casein, - - - - - - -	34.3
Sugar of milk and extractive matters,	48.2
Fixed salts, - - - - - -	2.3

It would require the use of a ponderous tome, and demand the exclusive consideration of many hundred pages, were the exact proportions of water; its utility and indispensable qualities in the anatomical frame, to be discussed in the proper manner. When, however, the interesting, and, I may say, almost incredible fact is asserted, that when this ubiquitous element is removed even from the human skeleton, it only weighs from seven to eight pounds, one cannot fail to entertain the profoundest feelings and express the sincerest regard for its ever useful and important agency. One of the greatest minds once exclaimed, in speaking of nature:

Omnia ex ovo!

Certainly, had he meditated but one moment he would have added:

Nihil sine aqua!

To be Continued.

* Carpenter's Principles of General and Comparative Physiology.

* Goodsir & Rainey.
† Lehrbuch der Physiologischen Chemie.

Pathology of Pulmonary Tuberculosis.

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PART SECOND.

Pulmonary Tuberculosis.—In this brief outline of tubercular disease, we have given a description of those changes which take place in the lungs in every true case of phthisis. It is in the superior lobes of the lungs that this matter is first deposited, in the form of the *gray* or *miliary* variety. It is here that the tubercles are the largest and most numerous. It is in these parts that they first ripen and grow soft, and become ready for expulsion; hence it is here that we have the most frequent, the most numerous, and the largest cavities in the lungs; and the number and magnitude of them diminish from the summit downward.

These *pulmonary cavities* vary much in size; sometimes they are not as big as a pea; then again they are found large enough to contain a pint or more of matter. These large cavities are seldom met with in the inferior lobes. They are also confined mostly to but one lung—either side being effected, in different instances, in about an equal ratio. Laennec asserted that they were more frequently found in the left than the right side. Recent observation has not confirmed his opinion.

When tubercular cavities are very large, they are found to be formed by the union of several that are smaller; so that they are very irregular in shape, and divided into chambers, as it were, by imperfect partitions, or bands which cross them in various directions. These cavities also always have one or more openings with the bronchial tubes, which serve as a passage for the discharge of any matter that may form in them.

When a cavity has been recently formed in the lungs by the softening and discharge of tubercular matter, its walls are quite soft and ragged, and are lined by a thin layer of lymph, which is easily separated from the surrounding parts. In more aged cavities, the false membrane is denser, and sometimes much thicker. Frequently several layers of this description are deposited—the one last formed being more delicate, more easily torn, and of a more yellow color. In some cases, the cavity is entirely destitute of lining membrane, the walls being formed of hardened pulmonary tissue, having a raw, fleshy appearance, not unlike the surface of a granulating ulcer.

Some writers have supposed that this false membrane secretes the pus expectorated in this malady—an opinion which is founded on the

Fig. 6.

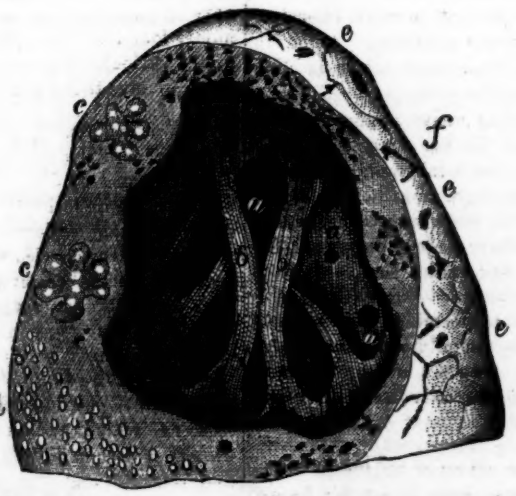

Fig. 6.—A section of the superior lobe of the lung, containing tubercles in different stages, and a vast tubercular cavity; *a a a* bronchial tubes opening into the cavity; *b b*, bands crossing it; *c c*, coalescing masses of tubercles; *d*, miliary granules; *e e e*, exterior surface of the lung.

analogy existing between it and that which forms on the surface of other ulcers. It is, however, quite certain that the greater part of the matter expectorated by phthisical patients, is the product of bronchial secretion, augmented by the irritable condition of the lungs. We do not assert that pus is not formed in these cavities at all; but it is quite evident that when they are lined by the membrane, just described, the expectoration will abound more in the bronchial secretions than those that are characteristic of vomica.* And, when in this condition, Laennec asserts that he has frequently found them free from purulent matter.†

We have just noticed that tubercular cavities are intersected by small bands or cords, which cross them in various directions. These are composed of dense cellular tissue, the remains of the arteries and the veins that supplied the affected part. The changes which these vessels undergo, in such cases, are very interesting; and, indeed, if it were not for these changes, few individuals would ever survive the softening process. Fatal hemorrhage would follow nearly every case. We will describe them when we come to treat of hæmoptysis.

The Contents of Tubercular Cavities.—The contents of a tubercular cavity varies according to the period of its existence. Such as are recent generally contain thick, cream-colored, inodorous matter, like common pus; while, in such as are long-standing, the fluid is a thin, bloody, sinious character, and often very offensive. Chalky concretions are sometimes found in them, and occasionally a substance resembling fibro-cartilage.

The time required for a cavity to empty itself varies from a few weeks to several months, according to the size of the tubercular mass, the extent of the local disease, and the state of the system. It is not an uncommon thing to find tubercles in nearly every stage of progress in the same lung—some just forming, some softening, and others just being expelled—old cavities healing, while new ones are forming; but in nearly every case destroying the pulmonary tissue with great rapidity, disturbing the healthy action of the lungs, and causing a speedy dissolution of the entire system.

Healing of Tubercular Cavities.—This is one of the most interesting topics connected with the pathology of this disease. That pulmonary cavities do sometimes heal, can be attested by every physician of extensive observation, or who is at all in the habit of making dissections. There are three modes in which the healing of a cavity may be effected.

1. The cavity may remain open, and its surface become lined with a thin layer of plastic lymph. This adheres more or less strongly to the surrounding textures, is gradually organized, and finally converted into a membrane, which shields the cavity and prevents its further extension.

2. The healing may be affected by the contraction of the cavity, and the slow, but steady, agglutination of its side through the interven tion of dense cellular substance of new formation. Dr. Carswell, in his work on consumption, gives several drawings delineating this mode of healing.

3. It may take place by an effusion of coagulative lymph, or by repeated depositions on the inner surface of the cavity, forming a mass more or less dense in its structure, completely obliterating the cavity, which may be distinctly marked by its fibro-cartilaginous boundary, in which the bronchii abruptly terminate.

In the two last varieties of healing, the contraction of the tissues give rise to a puckering of the lung, which is most distinctly marked, when the serous envelopment of the organ is forced to follow the retrocession of the pulmonary substance. These scars are more commonly found at the apex of the lungs. They are of various sizes and figures. They sometimes involve the entire lobe of the lung.

Cretacarious Transformation of Tubercular Deposits.—Tubercular deposits in the lungs are, no doubt, frequently disposed of in this manner, and may remain in them for years without doing any very serious damage. Such transformations are regarded as curative in their character. Let us take a brief view of this interesting process. Sometimes on removing the serous membranan at the summit of the lungs, and cutting into them, we find one or more masses imbedded in the pulmonary tissues, commonly the size of a pea, but rarely as large as a cherry-stone, which have very much the appearance of moist chalk. They are usually smooth and rounded, and they break under moderate pressure. When cut they produce a gritty sensation, and when rubbed between the fingers they have an earthy feel.

* Laennec on the Chest, page 286.

† See article on Expectoration, "Medical and Surgical Reporter," Vol. V, page 557.

Fig. 7.

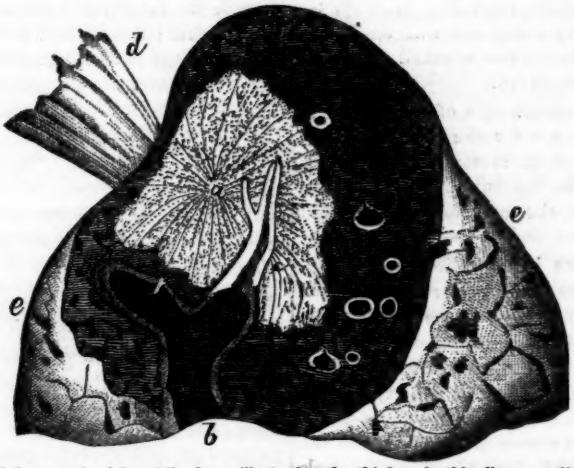

Fig. 7.—A section of the superior lobe of the lung, illustrating the third mode of healing; *a*, a fibro-cartilaginous cicatrix, surrounded by pulmonary substance, strongly marked by black pigment; *b*, a bronchial tube greatly dilated and terminating in a cul de sac at the cicatrix; *c*, marks of the obliterated bronchial tube; *d*, a band of serous tissue uniting the lungs to the pleura and ribs.

Sometimes they are of stony hardness, rough and irregular in shape; when thus found, they are somewhat smaller than those first described. They are usually closely attached to the surrounding pulmonary tissue, which is dark, contracted, and more or less indurated in their neighborhood. We have a very good illustration of them in Fig. 8. It is taken from Dr. Bennett's work on Pulmonary Tuberculosis. It is a section of the summit of the right lung, exhibiting the cretacarious masses, more or less loaded with and surrounded by carbonaceous deposits.

These cretacarious masses are unquestionably the result of tubercular transformation, although some writers have recently expressed a contrary opinion. Their structure proves them to be such, for when we examine them carefully, we find that they bear the same marks of internal change, which usually follow the series of changes that occur in tubercular matter. Thus it has been observed that the

Fig. 8.

outside of the mass will present the appearance of the yellow cheesy tubercle; in a deeper portion the chalky substance will be found, while quite in the centre a small, irregular hardness will be perceived.

The chemical constituents of these cretacarious concretions are for the most part very simple, being composed almost entirely of the chloride of sodium, the sulphate of soda, the phosphate of lime, the carbonate of lime, and cholesterine.

All authors agree in regarding the transformation of tubercles into cretacarious masses as a curative process, and gives us another admirable exhibition of the skill and design of our heavenly Father, in so constructing our bodies, as to resist, at least in some degree, this fell disease.

PART THIRD.

Structural Changes which attend Pulmonary Tuberculosis.—Beside the changes which take place in the lungs in consequence of the deposition of tubercular matter, there are other lesions which deserve a brief notice, not only in the lungs, but in other parts of the body. We find, for instance, hemorrhagic effusions and consolidations; inflammatory congestion and hepatization of the lungs; products of inflammation in the pleura; inflammation, ulceration, thickening and dilation of the bronchial tubes; irregular dilation of the air-cells, sometimes with increased flaccidity, sometimes with rigidity; enlargement of the bronchial glands, with tuberculous matter in different states in them.

The trachea and larynx are not uncommonly ulcerated, particularly in those parts over which the matter expectorated most commonly passes. Hence, the sides of the trachea and bronchia, next to large cavities in the lungs and under the surface of the vocal cords and epiglottis, are more commonly the seat of these ulcers. These ulcers are various in number and size, and they do not often extend below the mucous and sub-mucous membrane. The pharynx is also very much affected in this disease, follicular enlargements, and plastic exudations, and ulcerations are frequently found.

But in most individuals, who die with this disease, we do not find its ravages confined to the chest, but it leaves traces of its destructive agency in other parts of the body. The intestines frequently exhibit tubercles in nearly every state, with numerous indurations and ulcers. These ulcers most frequently occur in the small intestines near its termination. They gradually corrode the intestinal membranes in proceeding from within outward, and are frequently found resting on the peritoneum only. Perforation of the peritoneum is, nevertheless, uncommon. Ulcers, however, of great magnitude are sometimes found in the larger intestines.

The stomach is usually found much distended, and lower than natural; its mucous membrane quite soft and thin, or very red, thickened and ulcerated. The liver is generally increased in size; it is softer than usual, and of a paler color, and on being cut greases the knife, or more evidently shows its oily quality by a slice of it being heated on paper. This state of the organ is called the *fatty degeneration* of the liver. This peculiar affection of the liver is also met with in other chronic diseases, as well as phthisis, and it is sometimes seen in cases where no organic affections of any severity co-existed.

The emaciation of those who die of phthisis is very great. It is very strongly marked in the adipose cellular membrane and muscular tissues, but very little in the internal organs. The intestines may appear contracted, but this is chiefly owing to their containing but little air. The brain, nerves, genital organs, spleen, pancreas and other glands, present no mark of emaciation. The blood vessels commonly appear small, but this, no doubt, is owing to their having been a long time accustomed to contain only a small quantity of fluid, in consequence of the copious evacuations, and the low regimen to which patients are compelled to subject themselves.

The bones of tubercular subjects, although they lose nothing in length, yet their diameter and specific gravity are frequently lessened by protracted marasmus. The chest of phthisical persons is usually narrow, and sometimes evidently contracted. The serous membranes and the skin are commonly very pallid and bloodless. The muscles, on the contrary, particularly the heart, are usually of a bright red. The latter organ is almost always remarkable on account of its smallness and firmness.

In all cases of pulmonary tuberculosis the blood is dark in color, viscid, and exhibits no tendency to form a consistent clot. It is slow in reddening when exposed to the air, has no particular hypostatic tendency, but communicates to the organs a dark violet, or reddish brown tint, by the firm adhesion of its coloring matter. Its chemical constitutents are also deficient, the red corpuscles in particular. The

fibrin, however, is usually in excess. Although there is a great deficiency in all the animal fluids in this malady, yet they seem to have very little tendency to septical decomposition, since we find that individuals in this disease are much less liable to gangrenous eschars on the back, from long confinement than any other, and that their bodies, after death, are generally slower in running into putrefaction.

Medical Societies.

TRANSACTIONS OF THE BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

Regular Meeting of June 25, 1861.

Daniel Ayres, M.D., President.

DR. BAUER'S

Case of Endostitis of Left Tibia, of Sixteen Years' Standing; Formation of Bone Abscesses; Failure in Trephining; Subsequent Amputation; Recovery.

This case refers to a young lady, twenty-two years old, of rather delicate constitution, but otherwise healthy, and, as to sexual functions, regular. At the tender age of six years, she met with an accident to her left leg and ankle-joint; said to have been a fracture. But, from the fact that the extremity had never been put in splints, and treated only by antiphlogistics and blistering, it must be inferred that it was sprain and contusion only. The patient never got rid of the effects of that injury. The lower third of the leg remained swelled and discolored, and, from time to time, was so painful as to lay her up. Occasionally fistulous openings formed, discharging small fragments of bone. About five years ago, the patient called on Dr. Bauer for advice. At that time he had conceived the case as chronic periostitis, terminating partly in exfoliation. The moderate enlargement of the bone rendered it probable in his mind that a sequestrum was in process of formation. The patient did not return for five years, when she entered, under his charge, the Brooklyn Medical and Surgical Institute.

Her constitution and development had been interfered with materially, and enfeebled her system. The affected leg presented almost precisely the same appearance. The skin over the bone was eczematous, attenuated and tender. At some places it adhered to the tibia. The tibio-tarsal articulation had become anchylosed, but some compensating mobility had been set up between the astragalus and calcareus. In front of the tibia crest, about one and a half inches above the joint, there was a small fistula filled with loose granulations, moderately discharging a sero-plastic fluid. At the bottom of the opening, the bone was felt denuded. The lower third of the tibia was obviously enlarged; but there was no circumscribed distension, as ordinarily is the case in bone abscess.

The consultation of the surgical staff left it undecided whether there was a small sequestrum or an abscess. In either case, trephining was considered the appropriate remedy to give relief. With this operation, Dr. Bauer proceeded on the 6th of February last. He took out two buttons of bone with the intervening bridge, from the internal surface of the tibia, and thereby gained a sufficient opening into a large oblong cavity, filled with a grumous, soft, fatty, but not purulent material. The corticle substance proved to be very hard and eburnated. The morbid material having been scooped out most thoroughly, and a free parenchymatous hemorrhage ensuing, the cavity was filled with sponge soaked in solution of the per-sulphate of iron. In a few days, the dressings were removed without further loss of blood and, warm-water fomentations applied. From this period, all seemed to go on well; the eczema disappeared, the skin assumed a more healthy look, and the cavity gradually became occupied by good granulations.

This improvement continued during the rest of the treatment, and when the patient, at the end of the month, was discharged from the Institute, her recovery seemed to be guaranteed. It needs hardly to be mentioned that the deep-seated pains of the bone had subsided with the operation. Dr. Bauer had no opportunity of seeing the patient for several weeks. The improvement was still advancing, and the closure of the opening confidently expected.

Her condition, however, presented itself very differently at a later period. Then the eczema had not only returned, but had spread higher up. The skin and bone were tender to the touch, and on motion; the deep-seated pain of the latter had not returned; the apertures of the bone had not entirely closed, but the granulations with which it was filled looked badly.

Dr. Bauer came then to the conclusion that the previous operation was anything than a success, and the patient suffering from constitutional disturbance rendered further remedies imperative. The peculiar material contained in the osseous cavity had convinced him that his previous diagnosis did not cover the pathological ground with which he had to deal, but that, on the contrary, it was a fair specimen of endostitis, not unlikely of some extent. In circumscribed endostitis, the trephine was, perhaps, the most reliable remedy. As such, it had proven itself so in his and in the hands of his colleagues. He could not decide in favor of resection of the diseased bone, for this would imply a severe operation with consecutive copious suppuration for which the patient was not constitutionally prepared. Furthermore, there was some uncertainty as to the extent of the disease preferred to suggest the amputation, to which the patient readily consented, in order to get rid once forever of her trouble. The superior demarkation of the eczema was presumed to indicate the anatomical limit of the bone disease, and there the amputation was decided to be made. If, however, the bone should be found diseased higher up, the amputation would be carried through the knee-joint. According to this plan, the operation was performed June 25th. A double-flap operation was preferred. The bone was sawed off a little above the junction of the upper and middle third, and happily found healthy there. The number of ves-

sels requiring ligature was unusually large, and demonstrated the extensive vascularity of the implicated parts—more especially the tibia bled very freely. The wound being united by sutures, has since almost entirely closed, without any untoward symptom. The specimen removed was then exhibited to the Society. It consists of two-thirds of the tibia and the astragalus, to which it is firmly united, without any formation of osteophytes. The bone being longitudinally divided does not show a trace of a previous fracture. The corticle substance is rather dense and hard, but rarefied. There is no medullary cavity, nor any bone-marrow, strictly speaking. In its place, there is a luxurancy of soft, reticulated, bony structure, filled with a soft, oily material. About one and a half inches from the union of the tibia with the astragalus, there is an oval cavity one and a quarter inches in length, and half an inch wide, filled with a grayish-yellow, fatty, gelatinous substance. Above and below this, two other smaller and round cavities, filled with a similar material. Toward the superior extremity of the specimen, the bone assumes a more natural structure, but by no means of the ordinary character. The vascularity is obviously very great.

In commenting on this case, Dr. Bauer remarked that he deemed it hardly necessary to set up a special plea for his shortcomings in the original diagnosis. A small sequestrum, or a small abscess, may exist without material enlargement of the bone. As to endostitis, he had not been prepared to believe that such a disease could have existed for sixteen years without more serious and rapid devastations than he found in the present case. Strictly speaking, those cavities which the specimen exhibited, were not abscesses, although he had styled them so. In a pathological point of view, they were simply retrograde metamorphosis, softening, fatty degeneration, indicated by the endostitic process.

Dr. Frederick Morris thought that surgeons, *par excellence*, were much inclined to resort to extreme operative measures, where a plain practitioner often would succeed with milder remedies and some patience. He had such a case in point; it was nothing extraordinary in a scientific point of view, but it demonstrated how powerful patience and constitutional remedies were when judiciously combined.

DR. MORRIS' CASE.

C. L———, a lad of five years, in August, 1858, first complained of pain in the right ankle joint, followed soon by swelling, heat, etc. A few weeks subsequent, the axillary glands became swollen and tender. After a little time, the swelling at the ankle opened and discharged matter, while the glandular enlargement in the axilla disappeared.

In the early part of the following summer, a small tumor appeared on the upper part of the sternum, which suppurated, discharging scales and spiculæ of bone. One year from the first attack the Doctor saw the patient. Suppuration had then occurred in the left tibia, just below the ligamentum patellæ, where loose bone could be detected. The shaft of the right tibia had separated from its head, and presented an unhealthy fungoid ulcer on the inner side of the leg, above the ankle. The patient, an interesting boy, was rather small, and of a rachitic development. He was pale, and his muscles flabby. The patient was placed under constitutional treatment, which consisted of cod-liver oil, hypophosphate of lime, iodide of iron, together or separate as they were found best to agree. Salt-water baths were freely used; diet good and substantial. The happy effects of this treatment were soon observed. The ulcer on the sternum healed; the swelling over the left tibia disappeared; the shaft of the right tibia separated from its proxineal head, and, in the early part of 1860, was removed. The health and strength of the patient gradually was restored, and now he is able to run about, although on a rather thickened and much bent bone.

Strong cartilaginous growths have appeared at each head of the tibia, and are firmly attached.

The boy is of healthy parentage, and is one of eight children, among whom no like troubles have appeared.

Dr. Bauer was unable to see the point of application between Dr. Morris' and his case. In the one there was superficial exfoliation from circumscribed periostitis, in the other an internal bone disease. The one was almost painless, the other caused the patient a great deal of suffering. And as to patients, he thought, sixteen years had been a good test of endurance. Dr. Bauer was prepared to say that his patient had received her full share of constitutional attention, and therefore was inclined to think that a due discretion had been exercised. In fine, however, the patient herself had manifested a desire to be relieved from a malady that had been the incubus of her whole life, and she was heartily tired of it.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of Medical Journalism.

By O. C. Gibbs, M.D.,
Of Frewsburg, N. Y.

SOFT CHANCRE.

In the *American Medical Times*, for July 6th and 13th, Prof. Wm. A. Hammond has lectures upon soft chancre. We give a brief synopsis of the two lectures. Of the nature of soft chancre, he sums up thus: "We find that the soft chancre is a local disease, that it never infects the general system, that it may be inoculated if the process of reparation has not advanced far, and this upon the patient affected—that it is the kind of chancre pre-eminently liable to complications, such as *inflammation, ulceration, and phagedena*, and that it is occasionally accompanied or followed by *two* kinds of bubo, one a simple symptomatic adenitis non-virulent, the other caused by the absorption of chancrous pus, always suppurating, and the pus found being inoculable, and therefore truly of a specific character." Of all the chancres met with in practice, he says, *three-fourths* of them are of the variety under consideration.

In regard to treatment, we condense the following: "There are two circumstances to which I have called your attention, which pre-eminently influence us in the treatment of the simple chancre. 1st. You must not forget that it is altogether a local disease; 2d. That it is liable to extensive ulceration and phagedena. The former fact does away with any necessity for the exhibition of mercury, and the latter renders such a course not only improper but highly dangerous. At the same time, it is desirable to destroy, as soon as possible, the specific character of the chancre, and to convert it into a simple non-virulent ulcer." Of the caustics used for the purposes last named, he says, "I have found nothing so manageable, and at the same time so effective, as the sulphuric acid and charcoal paste, recently recommended by Ricord. This is prepared by taking strong sulphuric acid, and making it into a paste with sufficient finely-powdered charcoal. The chancre is covered with this, and the mixture is allowed to remain undisturbed for three or four days; at the end of this period the paste falls off, bringing with it the slough which it has produced, and having underneath a healthy sore, the specific character of the chancre having been entirely destroyed." After the slough has been spontaneously detached, "dress the healthy sore which now exists with a solution of tannin in water, one, two, or three grains to the ounce, and it will, in the great majority of cases, speedily heal." . . . . "As to the constitutional treatment, it is rarely that any is required. If there is any great debility, iron and quinine may be given with advantage. The bowels should always be kept open, and the diet should be attended to so far as to take care that nothing indigestible is eaten, or excess of any kind committed." In cases accompanied with much inflammation, cataplasms of chamomile flowers should be used, and opium and the muriate tincture of iron, and, perhaps, brandy, should be administered internally. If gangrene should occur, diluted nitric acid, or a solution of the chloride of zinc, should be locally applied. Where serpiginous ulceration exists, he says he has "derived more satisfaction from the use of iodine than from any other agent. Internally I give it in the form of Lugol's solution, accompanying it with some preparation of iron, and occasionally with cod-liver oil, whilst, at the same time, I apply the strong saturated tincture to the ulcer and neighboring parts every day. I have never seen a case resist this treatment."

If the chancre is of a phagedenic character, he would make local application of the sulphuric acid and charcoal paste, as above referred to. In addition, "good diet should be given, plenty of fresh air should be afforded, and, above all, some one of the preparations of iron should be administered. I have tried nearly all of them, and cannot but agree with Ricord that the potassio-tartrate is the best. It seems to be almost a specific against phagedenism. The formula which I generally use is

℞.—Ferri et potass. tart., . ℥j.
Aquæ, ... ℥x.

Of this I give half an ounce three times per day, and at the same time direct the diseased part to be kept constantly moistened with it both before and after the detachment of the slough caused by the caustic paste already mentioned.

IMPROVED COUNTER-EXTENSION SPLINT FOR MORBUS COXARIUS.

Two weeks since we made allusion to the subject of treating morbus coxarius by aid of splints, and referred to the different apparatus designed for this purpose. In the *American Medical Times*, for July 20th, Dr. Charles F. Taylor, of New York, figures an apparatus, which he says he perfected late in last year, and which he thinks possesses several advantages over any instrument now before the profession.

One of the advantages claimed is, that the splint does not reach below the knee, and thus does not interfere with the motions of that joint. Drs. H. G. Davis and L. A. Sayre have both devised a short instrument, which possesses

this advantage. We, however, believe that Dr. Taylor claims to have originated this improvement. The top of Dr. Taylor's splint differs from that of any other. This modification consists of a flange or piece of elliptical-shaped steel, in length about one-third the circumference of the thigh, to which it is shaped, resting over the joint, and passing around in front and behind to meet the perineal strap, in the same line the latter would be in, if it kept on to be attached to the end of the common splint, at the crest of the ilium. This flange is attached to the upper end of the splint by a common rivet-joint, directly opposite the acetabulum. It will be seen that while the instrument remains firm and motionless on the leg, the force is applied with increased efficiency, and the movement of every joint of the limb is most perfectly secured; that at the hip, especially, not being in the least interfered with by the counter extension force.

Another important advantage is that there is *no compression* on the femoral vein and artery, or any of the soft parts; the ischium and tendons of the adductors being the only points where the perineal strap touches to exert the whole force of the instrument in counter-extension.

Another great advantage of these two modifications of this instrument, especially among the better class of patients, is, that it can be worn under the clothing without being suspected, as, not interfering with the motions, and fitting so nicely to the parts, it is not noticed.

TREATMENT OF WHOOPING-COUGH.

In the *American Medical Times*, for July 20th, Dr. C. S. Shelton, of Springfield, Ill., has an article upon this subject.

In a recent epidemic of whooping-cough, Dr. Shelton made use of the extract of belladonna and sulphate of zinc in combination. He says, "I began with those under three years of age, with one-sixth of a grain of the extract and half a grain of zinc, four times daily, dissolved in water and gum mucilage. To those above that age, a quarter of a grain of the extract and a grain of zinc, increasing the dose, in some cases, to double the quantity, according as the child could bear it, but never beyond."

He concludes thus, "From my experience in the use of the extract of belladonna and sulph. zinc, though limited, I am led to the conviction that they possess peculiar power in reaching the seat of the disease, and that the whooping-cough need not 'run its course.'"

The belladonna is not a new remedy in whooping-cough. Dr. Jackson, then of Northumberland, spoke highly of it in the *American Journal of Medical Sciences*, as early as August, 1834. Dr. Hiram Corson, of Montgomery Co., Pa., has an article upon the subject, in which his experience with the remedy is given, and the belladonna highly recommended in this disease, in the *American Journal of Medical Sciences*, for October, 1852. Since 1852, and after reading Dr. Corson's paper, we have used the belladonna in every case of whooping-cough for which we have been called upon to prescribe. The effects of the remedy have been so uniformly happy and successful, that we have been greatly pleased with it, and sought no better or milder means of cure. We have usually combined it with some expectorant, as senega, antispasmodic, as assafœtida, or special alterative, as nitric acid. Whether the zinc is an important addition remains to be seen. In a few instances of feeble children, we have given quinine in conjunction with belladonna, and we have been quite confident that the remedy had other influences than that of a tonic. We think it can be often used with advantage.

CONSUMPTION.

In the *Pacific Medical and Surgical Journal* for May, Dr. James Blake has an article upon the treatment of phthisis. With us, he believes that out-door exercise, pure air, sun light, and proper diet, are of more consequence in the treatment of consumption than all other medicines besides. We make a quotation or two: "my own experience is, that we had less phthisis here in the days of frame houses and canvas linings, when every breath of Heaven would find its way in-doors with very little trouble, than we have since bricks and plaster, and grooved and tongued flooring have offered an effectual barrier to the entrance of the external air."

Dr. Blake advises that several phthisical patients associate themselves together, procure wagons, horses, tents, &c. Camping out, sleeping in the open air, he regards as of the first importance in the treatment of phthisis. Full directions are given for exercise, camp equipage, diet, &c. Of food, he says: "the principal dependance for food, however, must be on the rifle of the hunter, but every one should carry a light shot-gun for killing small game, and also as an incentive to exercise, and to wile away some of the hours of a camp life. As most of the mountain streams contain trout, hooks and lines should be provided."

On former occasions, our opinions have been expressed in full in regard to the nature and treatment of tubercle. We believe that a cool climate is preferable to a warm one. We would much rather send a consumptive friend to St. Paul or to Canada, than to Havana or other tropical regions. We would much rather they would live and sleep out-door, than to house up where the sun-light and pure air of heaven

cannot reach them. To the consumptive we would say, take active exercise in the open air daily—be not afraid of the cold. Labor, exposure, fatigue, invigorate the digestive organs, and give a relish to food. The emaciated consumptive cannot regain his flesh, save through the influence of a full and nutritious diet. This cannot be taken to advantage, unless the appetite and the powers of digestion and assimilation can be augmented. Constant, daily, outdoor exercise—fishing, hunting, camping out, are admirably adapted to develop a healthy appetite, and give tone to the digestive and assimilative functions, and the food which the rod and the gun may bring to the larder, is equally admirably adapted to give strength, and vigor, and tone to the enfeebled and wasting frame. In regard to eating and exercise, we quote one remark: "At the proper hours, they (the consumptive) may eat all they want, nor should they measure their allowance of food by what they have been accustomed to eat when living in houses. If they can eat with an appetite a pound or two of venison at a meal, it will do no harm. Although generally a small eater, I have taken as much as four or five pounds of buffalo meat at a sitting, and have not felt more inconvenience from it than I would after a plate of soup and a mutton chop; and I have seen Indians eat as much as ten pounds of meat at a meal, using at the same time half a gallon of wild honey as a sauce—such is the invigorating effect of living in the open air on the digestive organs. Regular exercise must be taken *to the full amount that the strength will admit;* a walk of from *four to five miles* should be taken *twice a day;* riding is also a useful exercise, but should never be allowed to supersede walking." . . . . "All sleeping should be done in the open air, except in wet weather." . . . . "There are many who have the means to enable them to command the necessary attendance, and to whom camping out for a season or two *affords the only chance of life.*"

If our consumptives could only learn the most important of all lessons—how to work, to eat, and to sleep, all to advantage, they would have but little use for cod-liver oil, iron, tonics, expectorants, sedatives, &c.

With one more quotation, we conclude our notice of this paper. "Now, I think we may conscientiously tell those of our patients who have any chance of recovery, that when living out in our mountain air they are doing far more to re-establish their health than anything we can do for them. Living out of doors is the best remedy they can employ for their bronchitis; sleeping in the open air is the best preventive of night-sweats; combined with exercise it is far more efficacious than morphine in procuring sleep, and infinitely surpasses bitter infusions in improving digestion."

A great majority of persons reason wrongly in regard to phthisis. They think they must avoid labor, must avoid exposure, must avoid fatigue, that they can gain strength and flesh, and recover health by housing up, by rest, idleness, inaction. It is by such means that the constitution is enfeebled, the health impaired. It is by judicious exercise, prudent exposure, and reasonable labor and fatigue, that the physical energies are invigorated and strengthened. Under the influence of active exercise and a cool climate, the consumptive invalid feels imbued with new energies, and has a desire for hearty food, and a capacity to digest it before unknown. Dr. Hayes, who accompanied Dr. Kane in his Arctic Expedition, said he had never seen a case of tubercular disease among the natives, and this is doubtless due to the labor and exposure incident to their manner of living, and the great consumption of fatty food which the climate and their habits enable them to relish and to digest. Had we phthisis, and if we cared to live, we would far rather take our chance, compelled to labor in the pine forests of the north-west, and subject to all the incidental exposure, than to be privileged with idleness, and all the luxurious indulgences that can be secured to an in-door patient in a tropical climate.

EXTRACT OF NUX VOMICA.

In the *Boston Medical and Surgical Journal*, for July 25th, Dr. H. T. Cummings has an able paper on the *progress of materia medica*. We copy one remark in regard to nux vomica: "The extract of nux vomica has been much used of late years as an ingredient in pills, communicating, as it does, tone and contractility to the torpid muscular fibre of the intestines; but possibly some may have met with disappointment in its use. Let one precept remain impressed on your minds whenever you order the extract of nux vomica; call for the *alcoholic* extract, and you will not be so likely to meet with disappointment in its use. The *aqueous* may be cheaper, but it is dear at any price, as it is almost, if not quite inert and worthless." We have never used either, and we advise any one to use *strychnine*, and that in solution. We use strychnine much and often—we use a solution of definite strength, say one grain to the ounce, and it never disappoints us. Extracts are of such variableness that we do not like to trust to them when using medicines of such power as nux vomica.

DANGEROUS COSMETICS.

At a recent sitting of the French Academy of Medicine, Dr. Réveil read a paper "On the Necessity of Preventing Perfumers from Selling Poisonous or Dangerous Articles," which should be exclusively left to the responsibility of regu

lar chemists, and not sold without a physician's prescription. "To show the danger there is in allowing the unchecked sale of certain compounds," he said, "I need but state that arsenic, the acid nitrate of mercury, tartar emetic, cantharides, colchicum, and potassa caustica, form part of their ingredients. The kind of soap called lettuce-soap, which is sold with the announcement that it has been acknowledged by the Academy, does not contain the slightest trace of lettuce. This and other soaps are all colored green by the sesqui-oxide of chromium, or of a rose color by the bi-sulphuret of mercury, known as vermilion. Some, which are cheaper, contain 30 per cent. of insoluble matter, such as lime or plaster; while others contain animal nitrogenous matter, which, having escaped the process of saponification, emits a bad smell when its solution is left exposed to the air. The various toilet vinegars are so far noxious that, being applied to the skin still impregnated with soap and water, they give rise to a decomposition, in consequence of which the fatty acids of soaps, being insoluble in water, are not removed by washing, become rancid, and cause a chronic inflammation of the skin. The preparations employed for hair-dye under the pompous names of 'African water,' 'Florida water,' etc., all contain nitrate of silver, sulphur, oxide and acetate of lead, sulphate of copper, and other noxious substances. All cosmetics for removing hairs or freckles are dangerous; the *lait antéphélique*, for instance, contains corrosive sublimate and oxyd of lead. Were a chemist to deliver such a remedy to a customer without a regular prescription, he would be liable to a fine of 6000f."

Dr. Réveil concluded by expressing his regret that certain physicians should so far forget their own dignity as to lend the support of their names to such noxious inventions.—*Galignani's Messenger.*

DEATH FROM ONE GRAIN OF ACETATE OF MORPHIA.

On the 31st of May, an inquest was held at the Bank of England Tavern, Cambridge-place, Paddington, on the body of George Cooper, aged forty-five. It appeared from the evidence that the deceased had been an out-patient at St. Mary's Hospital for pains in the face, caused by carious teeth. On the Wednesday week preceding, he had been ordered by Dr. Sieveking, whom he had visited at his own residence, to take a pill, which he obtained from the assistant-dispenser at the hospital. This was the ordinary pill, kept ready made, containing one grain of acetate of morphia. He took it about 12 o'clock at night, and about 3 o'clock he complained, and expressed regret at having taken it. He shortly afterward fell asleep, and his wife could not succeed in waking him until 8 o'clock at night, when he appeared very wild, and made a strange noise in his mouth. He was removed to the hospital, and, notwithstanding the remedies used, he died about 4 o'clock, P. M. A post-mortem examination was made by Mr. Rogers, who deposed that the urine was albuminous, and that the kidneys were in a highly-diseased state, the morphia acting upon which had been the cause of death. No suspicion had been entertained that the deceased was suffering from diseased kidneys. The jury returned the following verdict:—"That death had been caused by misadventure, congestion of the brain having been produced by morphia taken as a medicine."—*Dublin Med. Press.*

REVIEWS AND BOOK NOTICES.

Hand-Book for the Military Surgeon. Being a Compendium of the Duties of the Medical Officer in the Field, the Sanitary Management of the Camp, the Preparation of Food, etc.; with Forms for the Requisition of Supplies, Returns, etc.; the Diagnosis and Treatment of Camp Dysentery; and all the Important Points in War Surgery; including Gun-shot Wounds, Amputation, Wounds of the Chest, Abdomen, Arteries, and Head, and the use of Chloroform. By Chas. S. Tripler, A.M., M.D., Surgeon U. S. Army, and George C. Blackman, M.D., Professor of Surgery in the Medical College of Ohio, etc. Cincinnati: Robert Clarke & Co., Publishers. 1861.

It is remarkable with what rapidity our want of works on Military Surgery has been supplied. Until within a few weeks past, we possessed really no medico-military literature of more modern date than almost half a century, but unfortunate events have produced a sudden demand for such literature, and for the emergency three excellent works, from able sources, have been quickly brought forth.

Much originality could not be expected on the subject from American Surgeons, inexperienced as they are in the surgery which is the result of the strife of arms, yet the national characteristics of inventive ingenuity has repeatedly shown itself in contriving much that is new for health and comfort of soldiers.

In peaceful times, the strictly military surgeon has but little opportunity of seeing practical surgery, whilst the civil surgeon learns nothing of the peculiar duties of the military surgeon. This work bears on its title-page the name of an experienced military surgeon, and also that of a prominent surgeon in civil life, and the promptness with which they have brought it forward at this time of need is creditable to the authors. Such a book is needed by every newly appointed military surgeon, and its pages should be his intent study. The physician in accepting a military appointment assumes a responsibility probably greater than

most positions in civil practice. His duties are more than those of the mere medical attendant to the soldier in his illness. His more important duty is to prevent disease. "The military officer is charged with the whole sanitary care of his corps. He is not to suppose that he is to sit in his tent, and when called upon to see a patient, he is to repair to the bedside of the sick, prescribe and retire, as in civil life. On the contrary, he is most valuable when having carefully reflected upon the laws of hygiene, so that he has them at his finger's ends, he is ready to apply them to the emergency before him, so as to afford to the troops under his immediate charge, the greatest possible security against the invasion of disease. Nothing so much embarrasses the operations in a campaign as a large sick report. Upon marches, the sick require transportation and nursing. Every nurse is an effective man lost to the fighting force. Every wagon employed in the hospital department, is so much lost to the supply train of the army. To limit this loss as much as possible, should be the constant effort of the zealous medical officer."

Another duty of the military surgeon, too little thought of or exerted, is the exercise of his moral influence. Although his strictly military rank may not be great, his influence in some directions may be powerful. His scientific acquirements must insure respect, and his moral influence cannot be lost.

The most eminent military surgeons have been men of exemplary character. Napoleon once said of Larrey, the great surgeon of his wars, that he was "the most honest man he ever knew." Whilst the immediate effect of war is to brutalize and destroy, let the votaries of the science which tends most to benefit and alleviate the sufferings of humanity, use their efforts to counteract its demoralizing tendencies.

The remarks on military hygiene and the preservation of the health of troops, being by an experienced military surgeon who has seen arduous field service, are of a very practical character. The chapters on diseases peculiar to camps are those which will most impress the tyro. Were it not for the real experience of the author, which should allow him to be heard as an authority, and our own total inexperience of camp diseases, we should have something to say in regard to his aphorisms in relation to the treatment of dysentery. He says: "when a man is attacked with any form of camp dysentery, my constant practice is to give at once a purgative dose of sulphate of magnesia, ℥j, combined with ¼ to ½ grain of tartar emetic. If this does not produce copious catharsis, I repeat the dose the next day or the day after." We would particularly direct the attention of military surgeons to the author's recommendation of Fowler's arsenical solution in the treatment of chronic diarrhœa.

The remarks on gunshot wounds are generally on the authority of the great European authorities, as Hennen, Guthrie, Stromeyer, McLeod, and Baudens, and present little from original observation. The chapter on the use of chloroform is from McLeod's Notes of the Surgery of the War in the Crimea, and is, as may be supposed, in favor of the use of anæsthetics in military surgery. As most of our army surgeons are not fogies, but young men who have become familiar with the use of anæsthetics, the wounded in the present strife will, it is hoped, have the unrestrained use of this blessing—one from which our wounded countrymen in the war with Mexico were generally, by ignorance and prejudice of surgeons, debarred.

An appendix, giving the full routine of the duties of army surgeons, copies of forms, etc., conclude the volume.

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D.
R. J. LEVIS, M. D. } Editors and Prop's.
L. C. Butler, M. D., Assistant Editor.

PHILADELPHIA, SATURDAY, AUGUST 10, 1861.

THE HEALTH OF THE ARMY.

The "Sanitary Commission" are holding frequent sessions at Washington, for the purpose of listening to the reports of the committes appointed to inquire into the condition of the commissary and hospital departments of the army, and of rendering such advise and council as in their judgment shall best promote the health of the thousands of men that are now gathered and gathering into camp at Washington, at Alexandria, at Cairo, at Fortress Monroe, and at other places. If they shall accomplish no other good, they will, at least, demonstrate how utterly inadequate are all the regulations of the army to procure hospital attendance and supplies for the sick and wounded soldier. Indeed, the Government, in its creditable eagerness to supply the soldier with the most approved weapons of deadly strife, seems almost to have forgotten that he is liable to disease and to wounds, and has neglected or is slow to furnish those luxuries, or even the comforts, which will tend to alleviate his sufferings, and perhaps save his life. The only fund from which hospital attendance and supplies, by the army regulations, can be procured, arises from the sale of surplus rations, unconsumed by the corps for which they are drawn, and, in consequence, it is only those hospitals which have been long established which have any

fund for such expenditures. The recently-formed camps are, hence, almost entirely destitute of supplies or attendance, and are dependent upon the generosity of the public. They have their surgeons, who are supplied with instruments—meagrely indeed—and with such remedies as experience indicates are ordinarily required. They have their ambulances and stretchers, perhaps, and the mechanical appliances for dressing a wound, tying an artery, or amputating a limb; but, further than this, Government makes no provision till actual necessity requires, and then only from the fund of which we have before spoken. If no such fund has accrued, the wounded soldier may writhe in his agony, or welter in his filthy dressings, till death shall relieve him from his sufferings, or his groans shall have reached the ears of friends far away and brought a response.

With all the liberality of its unbounded munificence, the Government places good and trusty weapons in the hands of its soldiery, and takes special care also to supply them with powder and ball, with shot and shell; and of all those necessary articles there is no lack whatever. But for the unfortunate man who is wounded by any of these war-appliances, the provision is meagre indeed. Happy is it for him if the thoughtful affection of a mother or a sister has placed in his knapsack a bundle of linen, a roll of bandage or lint, a sheet, a towel, which can be used to staunch his wounds or afford him a change of dressings, or for his hospital bed.

Such facts as these come to our knowledge through the developments of the Sanitary Commission, and if no other good shall result from its formation, it will have directed the attention of the people, and, we trust, the Government, to this notorious and criminal defect in our "army regulations," and lead to the adoption of measures which shall wipe out the stain which now attaches to us of providing less for the health and comfort of our soldiers than we do for our own households. The man who should locate his family in the midst of a contagious miasm, and but partially supply them with the remedies which will ward off or control its attacks, would be justly reprehensible; and why not a government which doles out a mere pittance of comfort or luxury to him who is honorably wounded in its service? We marvel that it has been reserved to this age of our existence as a nation, to bring out these facts, and to occasion such a grand outburst of sympathy for those who rally to defend its banner.

Thanks to the *people*, not to the Government, to the ladies of our cities and our inland villages, the hospitals where lay the sick and the wounded are, to day, systematically and well supplied. More than 4,000 articles of linen, cotton and woolen fabrics have been distributed since the last disastrous battle, and, what is most grateful in these suffocating "dog days," an abundance of ice has been sent in gratuitously, from New York and Providence, and it is distributed unsparingly. The hospital beds have been supplied with sheets, and an air of comparative comfort and neatness pervades all the hospitals in and about the Capital.

But notwithstanding we are permitted to record so commendable progress in the right direction, in so far as the supply of immediate wants is concerned, there is yet much to be done to bring to perfection the sanitary system of our army. What has been done is only the beginning. The radical defect is in the "army regulations" upon this point, and, until this is remedied, no permanent good can result. Complaints still exist in regard to the food furnished, not so much as to quantity, (for that is *abundant,*) as to *quality.* The rations served out to the soldier are not always such as the epicure would fancy, and many times such as would be quite offensive to the nostrils of decency. Bread or sea-biscuit, coarse, hard; vegetables, few, if any; beef, furnished upon contract at $3.90 per cwt., which should not be bought for less than that at the farm house, poor and lean. Indeed, so notorious have these complaints become, that in one of our central rendezvous for recruits, a commanding officer has been compelled to pledge himself that there shall be no tampering or peculation with the soldiers' rations under his command, as an inducement to new recruits and to re-enlistments.

We give utterance to these facts, not in any fault-finding spirit, but with an earnest desire that by the correction of all the evils which

make their appearance, the health of the army may be preserved, that our young men who go out from among us in all the bloom and ardor, and vigor of youth, may not return to us, if such be their lot, broken down by the easily remedied evils of our sanitary regulations, into premature old age, or consigned to an early grave. To accomplish these results, in the present there is need of "the uninterrupted presence, the personal watchfulness, and the rigid authority of regimental and company officers." This, through the indefatigable exertions of the General Commanding, the army will now have. To remedy the evils in all future time, the army sanitary-regulations must be entirely remodelled, and the health of the army must occupy as prominent place, as its clothing, its rations, or its armament. Else the army will become simply "a crowd of armed men."

EDITORIAL NOTES AND COMMENTS.

The Canadian Parliament, which has hitherto stood firm against all the assaults of "quacks" and pretended "reformers" in medicine, has at last succumbed to the persistent attack. By a singular *ruse du guerre*, the whole fabric of legitimate medicine in the province is razed with the ground, and the door thrown wide open for the admission of every peripatetic dunce that can wag under a bundle of roots, if so be he come in labeled "Eclectic." The *ruse* by which this disastrous and shameful result was produced is as follows:—Dr. Hermanus Smith, dubbed with the title of "M. D.," from "*some American college*," (we hope that is not true,) by some hocus pocus got himself elected member of the Legislative Council, and made himself conspicuous in his advocacy of the bill legalizing the eclectic practice of medicine. "At the last moment, when the tide had fairly set against the bill, says the *British American Journal*, he rose and began by instituting a comparison between religion and medicine, arguing that, as there had been but one religion established by our Lord, it yet became, afterward, subdivided into numerous sects, in accordance with the varying opinions entertained, and that Christianity flourished the better in consequence. He then applied these assumptions [and we are amazed that they should have been taken as anything but assumptions of the baldest kind, and therefore unworthy of reception as arguments] to medicine; considered that men had a right to establish any system of medicine which they thought best; and that one system was just as good as another. Such opinions, enunciated by one who was supposed to be a physician, took the Council by surprise, swayed many a vote, and carried the bill."

We can sympathize with our cotemporary when he contemplates the arduous labor of years thus apparently thrown away. We have seen one after another of the excellent barriers erected by the wisdom of the past against the inroads of quackery, torn away by legal enactments; and we have mourned over the sad results which have followed, both to the dignity and respectability of the profession, and to the welfare of the community; but it has taught us this lesson, that law is too slender a foundation on which to build the superstructure of medical science, and that "a wise and cautious discrimination, an eclecticism of the truest kind, guided by every light which science, in its most extended application, can bring to bear," and which appropriates to itself every thing of value around it, is the surest road to success in our noble profession.

The Richmond (Va.) *Enquirer* says there are seventeen surgeons of the Federal army in prison in that city, and that some of them are released for the purpose of attending upon the wounded of our army. From a statement of Edward P. Doherty, a prisoner who made his escape, we learn that all the dead upon the field of battle were decently buried by the confederates, though the work was not completed until Thursday after the action. From the same source we also learn that our wounded were diligently cared for by the confederate surgeons, in connection with the surgeon prisoners of our army, and that bottles of liquors and delicacies were presented to the latter for the benefit of our wounded soldiers. Also, that the people of the neighborhood visited the hospitals, bringing with them soup, gruel, eggs, cakes, etc.

The statement of the Medical *Times* that Surgeon Powell, of New York, was brutally murdered while attending to his duties, we do not find to be confirmed, and trust that the history of the present war may not be blackened by so infamous a deed as the wanton destruction of a life humanely devoted to the preservation of that of others. The badge of surgeon should

always be held sacred, and they who violate it ought to be visited with the severest vengeance of heaven.

We are the more pleased to be able to record these facts, because statements to the contrary have obtained circulation, and because they indicate, that even in the progress of a civil war there are some green spots yet visible in our common humanity.

The ergot of wheat is substituted for that of rye, by some of the practitioners at Claremont Ferrand, in France, with great advantage. It is larger, rounder, and harder than the rye, and the odor is less disagreeable. It attracts moisture less, and retains its activity longer after being powdered.

A city daily says:—"More frequent and thorough cleansing of the streets would conduce greatly to the comfort and health of the city, while affording employment to a class now much in need of it, though this should be done by constraining the derelict contractors to fulfil their obligations, without additional expense to the city."

The above paragraph reveals one of the reasons why dirt and filth are allowed to accumulate in the streets, avenues, and lanes of our city. The "contractors" fail "to fulfil their obligations." In the name of humanity then, we ask the proper authorities to "constrain" them to perform their duty. In the sweltering heat that is now upon us, let it not be said that we are *cultivating* disease and death in our midst, or that we suffer ourselves to be taxed, or pay for labor which contractors do not perform.

"C. J. W., Jr., publishes in the *Germantown Telegraph*, the following meteorological observations for July, which may form an interesting record for our readers:

Maximum height of the thermometer,			89 on the 8th.
Minimum	"	"	53 on the 3d
Mean	"	"	71·59.
Maximum	"	barometer,	29·85 on the 4th.
Minimum	"	"	29·40 on 20th.
Mean	"	"	29·67.
Quantity of rain fallen			3·07 inches.

Remarks.—Number of fair days, 17; number of cloudy and partly cloudy days, 14; number of days on which it rained, 10.

The prevailing winds have been from S. to W. 11 days, and from N. to W. 10 days.

For the past three years the month of July has been remarkable for the uniformity of its mean temperature, it having varied during that period but the fraction of a degree—indeed so decidedly is this the case, that the mean temperature of the present month, is almost identical with that of July 1860—and both are extremely moderate for the warmest month of the year.

Substitute for Lint in Military Surgery.—An excellent, cheap and convenient substitute for patent lint for dressing gunshot, or other wounds, is a material which we propose to call *perforated muslin.* It is prepared by simply folding several yards of muslin many times, and with a small punch and mallet, perforating it with numerous holes at a very short distance apart. Much of the substance of the muslin is removed by the punch, and it is rendered seive-like or reticulated in appearance. It makes an admirable, light and airy dressing for wounds, and several thicknesses may, if necessary, be used to absorb purulent discharges. It has the great advantage for military surgery of cheapness, and ready preparation from materials which can always be conveniently at hand.

We were indebted for the suggestion to a correspondent of the London *Lancet*, and have thoroughly tested its efficiency in the surgical wards of the Philadelphia Hospital. For some purposes we prefer it to any other material for dressing wounds, particularly in our favorite *dry dressing.*

Correspondence.

ALBANY MILITARY HOSPITAL.

During the month ending June 30th, 1861, There have been treated 694 cases of disease, nine of which resulted fatally.

The following is an abstract taken from the monthly report to Surgeon Vanderpool:

	Cases.	Deaths.
Intermittent Fever, - -	9	0
Rubeola, - - - -	315	1
Diphtheria, - - -	51	1
Pneumonia, (Typhoid,) - -	45	1
Double Pneumonia, (Typhoid,) -	9	5
Cerebra Spinal Membrane, -	2	1
Rheumatism, - - -	20	0
Erysipelas, (Typhoid,) -	10	0
Parotitis, - - - -	45	0

Little treatment was required except such as assumed the typhoid condition, when the stimulus and stimulating diet was resorted to.

Rheumatism, which is usually protracted, has yielded readily to the following: Some of

the cases were typhoid from the commencement. Nearly all convalescing in from six to ten days. The treatment consisted of acetate, iodi. and nitrate potassa and anodyne, to allay pain and produce sleep. In some cases gave, in addition, quinine, and in some vini. colchicum. In others, both in conjunction.

Diet good and nourishing, with stimulus, milk punch, or wine and water.

Most of the deaths which occurred during the month were from a complication of diseases. For example:

Case 1.—Patient is a stout, healthy man, but subject to paroxysms of cerebral congestion. The night before his admission he had one which lasted about an hour. When brought to the hospital noticed nothing particular about patient; his appetite was good, bowels open; tongue did not denote any gastric derangement, and pulse at the healthy standard. He complained of pain over the eyes. Cold applications were prescribed with quietude. Two days after he had a paroxysm. Gave chloroform. After this he had no return of these paroxysms. On the fifth day rubeola made its appearance, with typhoid symptoms, and pulmonary congestion. Gave wine freely, with beef tea, and milk as diet. Also gave mindereri and morphia. Three days after, symptoms of double pneumonia appeared, with a condition decidedly typhoid. Applied blister to chest; continued stimulus and nourishing diet. Gave morphia to allay cough and diminish pain. This treatment was continued, with slight variation until he died, fifteen days after admission.

Case 2.—Patient came in exhausted from hemoptysis. Gave gallic acid, applied mustard to chest, kept head and shoulders elevated; also gave stimulus. He improved for three days, so as to walk around the ward, when he was attacked with a violent paroxysm of coughing, followed by delirium, picking the bed clothes, striking at the bystanders, and talking incoherently. Pulse quick and compressed, anxiety of countenance, nostrils dilating at each inspiration.

On examination, the left lung was found greatly congested. Mustard was applied, and stimulants given freely; he soon rallied. The next day blister was applied to chest. Spirits mindereri and morphia given, with wine and ice, as punch could not be retained.

On the fourth day after admission, rubeola appeared, and on the ninth we examined his throat, and found the fauces and palate covered with diphtheria, and typhoid symptoms well marked. Gave chlorate potassa gargle, with the acid drink, and stimulus by mouth and rectum. The membrane extended down the trachea, and he died from apnœa on the 11th day after his admission.

Case 3.—Patient came in with delirium tremens. Gave him stimulus freely, as his pulse was quick and weak, and also morphia to quiet him. Next morning his tongue was dry and crispy, teeth covered with sordes, great difficulty in breathing. Upon examination found double pneumonia. Applied blister to chest, and gave stimulus by mouth and rectum. He died that night two days after admission.

Case 4.—Patient came greatly prostrated, countenance sallow, pulse quick and feeble, tongue dark, dry and crispy; teeth covered with sordes; urine scanty and dark; slight difficulty in breathing; has no pain. Gave punch freely, with morphia, to produce sleep. On the second day of his admission, violently delirious, subsultus-tendinum; also, opisthotonos; pulse jerking; skin covered with a cold perspiration. Gave wine freely, with brandy and beef tea. Injections every hour. This state continued for several days; during the time his drink had to be forced down. Six days after admission, he became conscious, taking his food and medicine better. He continued in this way for three days when he began to sink, and died on the tenth day.

It will be noticed that there is one death from rubeola. This patient was as well as any in the hospital at the evening visit. During the night he stole past the nurses into the yard, washed himself all over in cold water and drank largely of the same, and despite the attention of the resident physician, was dead before my arrival at the bed-side. The above happened at the Broadway Hospital.

By way of illustration, the following cases of recovery, from like complication of diseases, are respectfully submitted:

Case 1.—Patient was brought in greatly prostrated, with symptoms of pneumonia of a typhoid character. Applied fomentations to the chest; gave stimulus freely. Next day pneumonia continued; applied blister over lower lobe of right lung; gave morphia to allay pain and cough; continued stimulus with beef-tea. On the fourth day he became delirious, with paroxysms of opisthotonos, subsultus tendinum; talking incoherently. He remained in this condition for four days, when consciousness returned. Same treatment continued. He continued to improve, and was discharged cured twenty days after admission.

Case 2.—Patient came in with a small spot, evidently "erysipelas," on the side of the nose, which spread rapidly over the face, scalp, neck, and into the throat, producing great difficulty in deglutition. Painted external parts with zinc, iodine, and applied fomentations, also, blister to the throat. Gave tinct. ferri sesqui chloridi gtts. x every two hours, with wine and wine whey, also beef-tea, and injections of the latter with brandy. By this treatment he soon

began to improve and was discharged cured on the eighteenth day after admission.

Case 3.—Patient is a robust young man. He was brought here suffering with diphtheria, which attacked him the day before, and during the twenty-four hours made rapid progress, the membrane covering the entire palate and fauces, rendering deglutition difficult and painful; the greatest difficulty experienced in administering fluids, a portion being returned through the nostrils. The patient exhibited symptoms of fever, of an inflammatory type. Gave some acid solution as detailed in *Medical Surgical Reporter* for June, 1861, p. 273. Gave ale as gargle, and beef-tea and milk as diet. In two or three days the slough began to come away, pulse fluttering; gave punch more freely, also chlorate of potash gargles. The patient continued to improve until the nineteenth day after admission, when pneumonia of a typhoid character, appeared in the right lung, which soon extended to the left. The usual treatment was resorted to.

The condition of the patient at present, (he still remaining in hospital,) is of a cheering character. All signs of diphtheria have entirely disappeared, and he has commenced to rally from the prostrated condition, consequent upon double pneumonia. His appetite is good, pulse more regular, and in general features exhibits every appearance of early convalescence.

There are many more cases well worthy of notice, but the above are typical of the character of the diseases, and mode of treatment.

In conclusion, I would call your attention to the able and efficient services rendered by the House Physician and Surgeon, Doctor I. Birdsall, and his mate, Doctor L. C. Dodge, both in the sick room and in keeping a faithful record of all important cases.

NEWS AND MISCELLANY.

The number of deaths in Philadelphia for the week ending August 3, was 414, which is a much larger number than occurred during the corresponding week of last year, and an increase from the week ending July 27. As in New York, so here, the large proportion of the mortality is among children. The number under one year was 167. From one year to ten, the deaths were 118; from ninety to one hundred 5; over one hundred 1. Of the whole number, 336 were natives, 61 foreign, 17 unknown.

The same causes operate here, no doubt, as in New York, to produce the mortality among children, but not probably to so alarming an extent.

Army Examination.—At the examination held at Harrisburg on Tuesday last, sixty-eight candidates presented themselves.

Pennsylvania Medical College.—The faculty of this institution is being reorganized.

The following Buffalo Physicians are in the army and navy:—Charles H. Wilcox, Surgeon 21st Reg. N. Y. State Vol.; Joseph A. Peters, Ass't Surg., do.; Lucien Damainville, Ass't Surg., 31st Reg.; Aaron J. Steele, Ass't Surg. under Gen. Mansfield; Charles K. Winnie, Ass't Surg. U. S. A.; Samuel D. Flagg, Ass't Surg. U. S. Naval Hospital, Brooklyn; Newton L. Bates, William Howell, Ass't Surgeons waiting orders; Ira C. Whitehead, Surg. Revenue Cutter Vixen, cruising.

The following Assistant Surgeons in the navy have been confirmed:—

Arthur Matthewson, Connecticut; Archibald C. Rhoads, New York; Michael Bradley, Pennsylvania; Newton L. Bates, New York; Frederick E. Potter, New Hampshire; Adrian Hudson, New York; William Howell, New York; James H. Finkham, New York; Alex. Hutchins, New York; Charles O. Carpenter, Connecticut; John Wilson, Pennsylvania; Samuel D. Flagg, New York; Wentworth R. Richardson, Maine; Absalom W. H. Hawkins, Pennsylvania; Harvey D. Burlingham, New York; Henry M. Wells, Massachusetts; John Otis Burt, New York; William C. Lyman, Massachusetts; William H. Leavitt, Massachusetts; Jacob H. Gottwald, Pennsylvania; James H. Macomber, Massachusetts; Edward S. Bogert, New York; Grove S. Beardsley, New York; Thomas H. Whitney, New York; Adoniram B. Judson, Pennsylvania; James S. Knight, Delaware; Walter K. Scofield, Connecticut; Henry Ackley, Pennsylvania; Almond O. Leavitt, New Hampshire; Edward M. Stein, New York; Edward S. Matthews, Pennsylvania; Charles H. Coved, New York; Jeremiah R. Little, New York; Wm. Lamont Wheeler, New York; Aaron S. Oberly, Pennsylvania; Walter B. Dick, Pennsylvania; Sam'l B. Tuthill, New York.

Passed Assistant Surgeon Thomas J. Turner, to be a surgeon in the navy from the 16th day of June, 1861, in place of Surgeon James F. Harrison, stricken from the rolls.

The Buffalo Medical and Surgical Journal and Reporter, Vol. 1, No. 1, has just made its appearance as a new candidate for medical favor. It is designed to fill the place of the *Journal*, merged some time since in the *American Medical Monthly*, New York. We wish it the greatest success in so far as it contributes to the general stock of medical literature, but venture to suggest that the name (Reporter,) which it has assumed, is one which has proved fatal to *every* journal that has used it after *ourselves*. We could give particulars, but *verbum sat sapientiæ*.

Chloroform, according to Mr. Grave (*Répertoire de Pharmacie*, Mai, 1861) has the property of modifying the taste of certain bitters, and when added to tincture of aloes, gentian, or the sulphate of quinine suspended in water, it nearly altogether removes the bitterness.

Southern Dispensary.—Dr. Hoehling has resigned his position in this Institution, and been appointed to a Surgeoncy in the Navy. This resignation leaves a vacancy in the District between Sixth and Twelfth streets, and below South street. Applications for the position may be directed to the Hall of the Dispensary, in the Moyamensing House of Industry, Catharine street, above Seventh, or to the senior attending physician, Dr. Albert H. Smith, No. 31 N. Twelfth street.

Dr. H. H. Childs, of Pittsfield, Mass., the venerable Lecturer on the Theory and Practice of Medicine, at Woodstock, Vermont, and at Pittsfield, who is now about eighty years of age, lately performed the operation of removing a cancerous tumor from the face of Mrs. Kemps, of Florida.

Compound Fractures of the Femur from Gunshot Wounds.—It is hoped that the rule, insisted on by many surgeons, of amputation in these injuries will not be hastily adopted by our army surgeons. The only report of such cases which we have yet seen, is of two which occurred at the fight at Great Bethel. These have both recovered without amputation.

Prevention of Accidental Poisoning.—A writer in the *Lancet* suggests a simple and inexpensive method of distinguishing bottles, containing poisons, which is applicable to those who are unable to read the label, or in case the label should be lost or erased. It is proposed that every druggist be required to put a *red-varnished cork* into every bottle in which poison is sold. This simple plan is about as practicable as any that can be suggested. The adoption of peculiar kinds of bottles for the sale of poisons, which from their shape or color can be recognized, has, in England, been found not convenient, as persons will take to the druggists such bottles as they happen to have.

Suicide in the French Army.—The frequency of suicides which have taken place amongst the soldiers stationed at Paris has called forth the following order of the day:—"Soldiers—For some time past numerous instances of suicide have occurred in the first corps. The Marshal in command has been surprised and deeply afflicted at this, and he desires to state to the regiments under his command that such acts of weakness, committed with premeditation, are condemned alike by religion, morality, and duty to country. I have already told you, soldiers, and I repeat it, that God, our common Father, prohibits this. Passion, sensual violence, despair, will not excuse this abnegation of self. Are you not aware that man, and especially the soldier, exists only on earth to suffer? and you have not now courage to bear life with all its pains. The soldier who kills himself commits an act of cowardice and ingratitude. His life is not his own; it belongs to his country, which demands it of him, and which, in the hour of danger, relies upon the army. Do not give way to despair and weakness on account of some sorrow, or some fatal passion, still less for some disappointment or some punishment incurred in the service. Rouse your energies and let your soul rise above all its weaknesses. When these fatal ideas agitate your minds, when the struggle becomes too strong for you, seek me out and open your hearts, as you know I am always accessible to you. My soldier's heart will comprehend yours; it will save you from these cruel ideas, and will recall you to the sentiment of duty, and will preserve you for your family, for France, and for the Emperor, who loves and relies upon you.—*Magnan.*"

The weekly report of deaths in New York city for the week ending August 3d, was 585, exceeding by 88 that of the corresponding week last year. Of this number 413 were children, of which 336 were born of foreigners. "This fact, says the *World*, tells its own story. Those little ones were the victims of poverty, foul air, improper diet on the part of nursing mothers, swill milk, and the green garbage in the shape of unripe fruit and vegetables, which has just made its appearance in our markets." Destitute of employment, unable to buy a particle of food, hungry to desperation, they seize upon whatever has the appearance of being eatable, and hence become the inviting prey of dysentery and diarrhœa, which sweeps them off.

As a local anæsthetic, Mr. A. Claisse uses a solution of camphor in ether, applied for about a minute by means of a small probang or similar appliance.—*Revg. Méd. Francaise et étr.*

The Aloe (*socotrina*) is frequently seen on the graves of the Turks, and is also often seen suspended from over the doors in Arabia, together with crocadile-skins. as insuring fortune and health to the inhabitants of the dwelling. The women also believe that it serves as an invitation to the prophet to enter the house.—*Dr. Landerer.*

The Dublin Medical Press records the untimely death of Surgeon Francis Rynd, on the Clontarf road, near that city. He was an able and an amiable man, and died much lamented.

At the late meeting of the Alumni of Yale College it was announced that the Scientific Department of that Institution had received during the collegiate year a second donation of $20,000 from Joseph E. Sheffield, Esq., of New Haven. The course of education in this Department is essentially that of the Polytechnic Schools of Europe, and is designed to fit young men for commercial and other practical pursuits, as well as for the direct applications of science.

M. Trousseau, an eminent physician of Paris, lately received 1,600 pounds for a single visit to a patient in Naples. The patient was dead when he arrived.

A Sea-bathing Infirmary has just been established in the neighborhood of Calais, France, where the scrofulous children of the Paris hospitals are to be sent during the season. An accurate account of the progress of each child is to be kept, so as to obtain valuable data as to the influence of sea-bathing, pure air, and good diet on scrofulous tendencies.

Sir Edward Greaves, it is said, was the first physician upon whom hereditary honors were conferred in England. He was made an M.D. at Oxford, July 8, 1641; was admitted a member of the London College of Physicians in 1653, and a Fellow in 1657. His patent as Baronet bears date May 4, 1645.

Professor Fergusson, lately elected one of the surgeons to the Royal College of Surgeons, London, has had his medical orthodoxy questioned, because he travelled in company with a homœpath to relieve a gentleman of retention of urine, when the regular surgeon had failed in attendance. He frankly admits the charge, and adds "I would hold my conduct unjustifiable if any evil or fatal result ensued from negligence or refusal on my part to render my surgical services in any important case where they might be required." At the same time he disclaims all belief in homeopathy, or having given any encouragement to homeopaths to consult him.

The Lancet quotes a correspondent of the *Times*, at Cairo, Illinois, as stating that the medical department of the Northern army had neither an ambulance, a cacasol, nor a mule litter. At the time the letter was written it may have been true, but it is now untrue. So far as we are informed, both armies are now well supplied with all these necessary appendages for the comfort and convenience of the wounded, and especially with the ambulance; several new inventions of which have been brought out by Yankee ingenuity.

The Medical Society of Caen has offered a prize of £20 for the best essay on the "Present state of Therapeutics, and on its Progress for the last twenty-five years." The essays may be written in French or Latin, and should be sent in before the 31st December, 1862.

MARRIED.

FARRAR—WHEELER.—On the 29th ult., by Rev. J. P. Tustin, at the residence of the bride's father, in New Bedford, Mass., Dr. I. Farrar, of New York, and Addie M. Wheeler, of New Bedford.

RHOADS—EVANS.—In Doylestown, on the morning of the 27th ult., by the Rev. Mr. Wheat, Dr. John S. Rhoads to Miss Sophia Evans, both of Doylestown, Bucks county, Pa.

MCCLELLAN—COLLINS.—In New Haven, Conn., July 29th, by the Rev. Dr. Strong, Samuel McClellan, Surgeon of the Fifth Regiment Connecticut Volunteers, to Charlotte G., daughter of Francis S. Collins, Esq., of the former city.

DIED.

SPACKMAN—Suddenly, in this city, on Saturday evening, August 3, George Spackman, M.D.

Answers to Correspondents.

Dr. J L. S., Pa.—The formula for making vinum sambuci, or Elderberry wine, may be found in almost any agricultural journal of the day. We append one of them, and add that we have no doubt any person, by this receipt, can make a "Vinum Sambuci" equal in all respects as a delicious beverage or as a medicine, to that so highly recommended from a neighboring State. The formula is as follows: The berries, when ripe, are picked by the stems, then stripped with the hands, or trimmed with shears. Next, they are mashed fine, which can be done by means of a pounder, similar to those used for pounding clothes. Let them remain until the next day, when the juice is pressed out in a cheese press, or any other convenient way. Next, boil the juice twenty minutes, skim it, and add four pounds of sugar in the gallon. When milk-warm, add a small piece of bread-crust that has been dipped in yeast. Let it stand three days, remove the crust, and the wine is ready for bottling. Age improves it. Some add spices to the liquor when boiled. This is a great favorite with the English.

Dr. C. L. S., Wis.—You will find our views given at length, upon the subject you refer to, in the REPORTER for June 25 and July 2, 1859, and we have seen no reason since to change the views we then held. The College to which you refer is not classed among the regular medical colleges of the city, nor are its graduates recognized as regular physicians. The instructions given at that college may be, in the main, correct, and the intent no doubt is to qualify students thoroughly for the duties of the profession, but the impression is general among the regular practitioners of medicine in the city, and, so far as we are informed, out of it, that the time has not yet come for the recognition of that class of Doctors of Medicine. Our advice would be to treat such practitioners with great gallantry and respect, without recognizing them as belonging legitimately to the profession.

Dr. G. D., Pa.—We have seen the annual announcement of Jefferson Medical College, for 1861-62, and have assurances from the other Medical Colleges of this city, that the lectures will go on as usual during the winter.

Erratum.—On page 394, last week, second column, par. 4, read The wounded may be calculated at the rate of *ten* per cent., instead of *two*.

☞ We should have acknowledged, some time since, the receipt of a monograph from Dr. John O'Reilly. We have also received Vol. I., No. 2, Medical Communications, with the proceedings of the Sixty-ninth Annual Convention of the Connecticut Medical Society. A valuable production, and worthy a place in every physician's library. We have also received the Transactions of the Medical Society of the State of New York.

Communications Received.

New Hampshire—Dr. J. B. Davis. *Pennsylvania*—Drs. H. H. Riegel, A. Sheller, with encl., Geo. Deves. *Virginia*—Dr. A. C. McBeth. *Wisconsin*—Dr. C. S. Stoddard. *Rhode Island*—Dr. S. W. Francis, com. *Massachusetts*—Drs. L. Traver, Geo. Barrows, C. H. Spring, J. B. Chase. *New Jersey*—Drs. C. N. Moore, W. Jackson, with encl., W. E. Mattison. *New York*—Dr. W. E. Whitehead, N. E. Mutual Life Insurance Company, Drs. J. Farrar, G. B. Hammond, with encl.,; Per John Hulme, Drs. D. D. Hamden, J. D. Covell, H. H. Purdy, J. Yale, J. B. Graves, M. Terrey, R. P. Brown, each with encl., O. C. Gibbs, Geo. D. Slocum, J. T. Calhoun. *Ohio*—Dr. E Bonaparte, with encl.; J. Mitchell, with encl. *Maryland*—Dr. Wm. J. Evans, with encl.; J.L. Suesserott, with encl.; Per Luaine, Drs. Penrose, J. S. Albright, Rowe, Snyder, Wilmer, Hinkle, Conrad, Sonderling, Piper, McMaken, Scoffin, each with encl.

Office Payments—Dr. Bidlack, Emanuel, Stedler.